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Application of DocId: 3182

Application of Docket
10690798

(Column 1)	(Column 2)
1	2
3	4
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97	98
99	100

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.18(a), (v), or (c))						
SEARCH FEE (37 CFR 1.18(k), (l), or (m))						
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))						
TOTAL CLAIMS (37 CFR 1.18(j))	minus 20 =	*	X =		X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X =		X =	
APPLICATION SIZE FEE (37 CFR 1.16(w))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1) (Column 2) (Column 3)

Qfz

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(e))	23	33	=	25	=	50	=
Independent (37 CFR 1.16(h))	2	3	=	100	=	200	=
Application Size Fee (37 CFR 1.16(s))							
FIRST PRESENTATION OF MULTIPLE INDEPENDENT CLAIMS (37 CFR 1.16(j))							
TOTAL APP. FEE						TOTAL ADDITIONAL FEE	

100%	100%
100%	100%

TOTAL
ADD FEI

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)		RATE (\$)	ADDL THRU FILE AS	RATE (\$)	ADDL THRU FEE (\$)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUS PAID FEE	PRESENT EXTRA					
Total (37 CFR 1.16(a))		100000	**	1				
Independent (37 CFR 1.16(b))		100000	***	2				
Application Size Fee (37 CFR 1.16(c))								
FIRST PRESENTATION OF MULTIPLE INDEPENDENT CLAIMS - OTHER CASE								
					100000		100000	
					100000		100000	

[illegible][illegible]

* If the entry in column i is less than the entry in column j , write j in the place of i .

* If the "Highest Number Previously Paid For" in THIS STATE is less than \$1,000.00.

* If the Highest Number Previously Paid For IN THIS SPACE is less than _____

The Highest Number Previously Paid For (Total or Independent) is the highest number of hours in the applicable month.

This collection of information is required by 37 CFR 1.61. The information reported on this form will be used by the USPTO to process an application. Confidentiality is governed by 37 CFR 1.601-1.609. Information provided on this form may include gathering, preparing, and submitting the completed application. The time you spend completing this form will depend on the amount of time you require to complete this form and your suggestions regarding the time you need to complete this form. Please send and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. If you have any questions, please call 1-800-451-5293. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

¹ *Journal of Management Studies*, 1997, 34(1), 111-126.